18MM002936

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: **1**

Juvenile: **N**

ADMINISTRATION

Agency ORI Number: **FL0500000**
Agency Name: **Palm Beach County Sheriff's Office**
Agency Report Number: **06-18048736**

Charge Type: Check as many as Apply. ☐ 1. Felony ☐ 2. Traffic Felony ■ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized Enter Type: **N/A**
Multiple Clearance Indicator: **01**

Location of Arrest (Including Name of Business): **607 North L street Lake Worth, FL 33460**
Location of Offense (Business Name, Address): **607 North L street Lake Worth, FL 33460**

Date of Arrest: **03/11/2018** | Time of Arrest: **1303** | Booking Date: | Booking Time: | Jail Date: | Jail Time: | Location of Vehicle: **N/A**

DEFENDANT

Name (Last, First, Middle): **Simons Albert Lee**
Alias (Name, DOB, Soc. Sec. #, Etc): **N/A**

W - White B - Black I – American Indian O – Oriental / Asian

Race: **W** | Sex: **M** | Date of Birth: **03/26/1966** | Height: **6'02"** | Weight: **195** | Eye Color: **Brown** | Hair Color: **Black** | Complexion: **Light** | Build: **Medium**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **None**
Marital Status: **Single** | Religion: **Protestant**
Indication of: Alcohol Influence Y ☐ N ☐ Unk. ■ ; Drug Influence Y ☐ N ☐ Unk. ■

Local Address (Street, Apt. Number): **607 North L street** (City) **Lake Worth** (State) **FL** (Zip) **33460** Phone **(520)310-5787**
Residence Type: 1. City 2. County 3. Florida 4. Out of State: **1**

Permanent Address (Street, Apt. Number): **607 North L street** (City) **Lake Worth** (State) **FL** (Zip) **33460** Phone ( ) -
Address Source: **Verbal**

Business Address (Street, Apt. Number): **N/A** (City) (State) (Zip) Phone ( ) -
Occupation: **Scientist**

D/L Number, State: **S-552-032-66-106-0**
Soc. Sec. Number: [redacted]
INS Number: **N/A**
Place of Birth: **Leesburg, Virginia**
Citizenship: **YES**

CO-DEF

Co-Defendant Name (Last, First, Middle): **N/A** | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle): | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other — Name (Last) (First) (Middle): **N/A** | Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

VICTIM NOTIFICATION REQUIRED

Notified by: (Name) | Date | Time | Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) informed of any change of address:
☐ Yes, By: (Name) ☐ No: (Reason)

School Attended | Grade

Property Crime? Yes ☐ No ■ | Description of Property | Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/Distribute M. Manufacture Produce/Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbituate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description: **Domestic Simple Battery** | Counts: **1** | Domestic Violence: ■ Yes ☐ No | Statute Violation Number: **784.03 1A1** | Violation of ORD#:
Drug Activity: **N** | Drug Type: **N** | Amount/Unit: **N/A** | Offense #: **18048736** | Warrant/Capias Number: | Bond:

CHARGE

Charge Description: | Counts: | Domestic Violence: ☐ Yes ☐ No | Statute Violation Number: | Violation of ORD#:
Drug Activity: | Drug Type: | Amount/Unit: | Offense #: | Warrant/Capias Number: | Bond:

CHARGE

Charge Description: | Counts: | Domestic Violence: ☐ Yes ☐ No | Statute Violation Number: | Violation of ORD#:
Drug Activity: | Drug Type: | Amount/Unit: | Offense #: | Warrant/Capias Number: | Bond:

CHARGE

Charge Description: | Counts: | Domestic Violence: ☐ Yes ☐ No | Statute Violation Number: | Violation of ORD#:
Drug Activity: | Drug Type: | Amount/Unit: | Offense #: | Warrant/Capias Number: | Bond:

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): **Central County Courthouse, 3228 Gun Club Road, West Palm Beach, FL 33409**

Court Date and Time: Month Day Year Time ☐ A.M. ☐ P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS **NOTICE TO APPEAR**, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

ADMIN.

HOLD for other Agency Name:
Signature of Arresting Officer:
Name Verification (Printed by Arrestee) (PRINT):

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Name of Arresting Officer (Print): **D/S J. GRANT** | I.D. #: **30588**

Intake Deputy I.D. # | Pouch # | Transporting Officer: **D/S J. GRANT** | I.D. #: **30588** | Agency: **PBSO**

Witness here if subject Signed with an "X".

Page **1** OF **1**

MAR 11 PM 3:17

SCANNED
MAR 12 2018

OBTS Number	PROBABLE CAUSE AFFIDAVIT	1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias	1	Juvenile	N

Agency ORI Number	Agency Name	Agency Report Number
FL0500000	Palm Beach County Sheriff's Office	06 - **18048736**

Charge Type Check all that Apply: ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other

Special Notes:

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Simons Albert Lee	**N/A**	**W**	**M**	**03/26/1966**

Charge Description: **Domestic Simple Battery**

Charge Description:

Charge Description:

Charge Description:

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Rich Tanya	**W**	**F**	**07/09/1979**

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
607 North L Stree , Lake Worth ,FL, 33460	**(520) 304-8869**	**Verbal**

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
		Sales

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody..

☐ Committed the below acts in my presence. ☐ Was observed by Who told That he/she saw the arrested person commit the below acts.

☐ Confessed to Admitting the below facts ☒ Was found to have committed the below acts, resulting from my (described) investigation.

On The **March** Day Of **11** 20**18** At **1237** ☐ A.M. ☒ P.M.

On the above date and time I was dispatched to 607 North L Street,. in the City Of Lake Worth, FL 33460 in reference to a domestic.

Prior to my arrival I was notified by dispatch that a white female identified verbally as Tanya Rich, date of birth, 07/09/1979 wanted her boyfriend a white male identified verbally as Albert Simons, date of birth 03/26/1966 to move out and that Albert is pushing her.

I made contact at the residence and spoke with Tanya. I observed Tanya crying, shaking and was in fear. I observed white marks on Tanya's back as for someone being pushed to the ground. Tanya advised that her boyfriend Albert was moving her cloths and she told him not to do because she has work in the morning. Tanya advised that Albert became upset and was throwing her cloths everywhere and was calling her a whore. Tanya advised that Albert told her to get out and pushed her through the door and at the same time slamming the door causing injuries to Tanya. Tanya advised that she injured her side hip and bruised her wrist.

Due to my investigation and Tanya's injuries I have probable cause to charge Albert L. Simons for one count of domestic simple battery. F.S.S 784.03 1A1

The foregoing instrument was sworn to and affirmed before me this **March** day of **11** 20 **18**, by:

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) 30505

D/S J. GRANT **30588**

Name of Arresting/Investigating Officer

Signature of Arresting/Investigating Officer

VICTIM NOTIFICATION FORM

- **Homicide** (Ch.782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch.794)
- **Attempted Sexual Offense**
- **Dating Violence**
- **Domestic Violence** - **(This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling)**

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18048736 Agency: Palm Beach County Sheriff's Office
   Offense: Domestic Simple Battery
   Suspect/Offender: Simons Albert Lee
   DOB: 03/26/1966 Race: W Sex: M

2. Warrant #(s):

3.a. Victim's Name: Rich Tanya DOB: 07/09/1979 Race: W Sex: F
   Address: 607 North L Stree
   City: Lake Worth State: FL Zip: 33460
   Home #: (520) 304-8869 Work #: Other #: (520) 304-8869

   b. Victim's next of kin, friend or neighbor:
   Address:
   City: State: Zip:
   Home #: Work #: Other #:

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request

(Check applicable boxes)

☐ **Waiver:** **I choose not to be notified when the arrestee is released from custody.**

☐ **Confidential:** **I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).**

Signature of person waiving notification:

Printed name of person waiving notification:

Deputy's Name: D/S J. GRANT ID #: 30588 Date: 03/11/2018

PBSO #0029A REV. 05/11

SCANNED
MAR 12 2018

SUSPECT/OFFENDER Simons Albert Lee COURT CASE/WARRANT # (FOR WARRANTS USE ONLY)

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause Affidavit)

Defendant: Simons Albert Lee DOB: 03/26/1966 Case #: 18048736

Victim: Rich Tanya DOB: 07/09/1979 Race: W Sex: F

Relationship between Victim and Defendant: Boyfriend

Photographs: Scene ☑Yes ☐No Victim ☑Yes ☐No Defendant ☐Yes ☑No

911 Call: ☑Yes ☐No Caller: Tanya Rich

Weapon Used: ☐Yes ☑No Type: _____

Witness: ☐Yes ☑No Name: _____

Victim Pregnant: ☐Yes ☑No If yes, _____Weeks _____Months

Injuries: ☑Yes ☐No Description: Redness on back from hitting the wall

Medical Treatment: ☐Yes ☑No

At Scene: ☐Yes ☑No Paramedics: _____

At Hospital: ☐Yes ☑No Hospital: _____ Physician: _____

Are children living in the home? ☐Yes ☑No DCF Notified? ☐Yes ☑No

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Injunction: ☐Yes ☑No Case #: _____

No Contact Order: ☐Yes ☑No Case #: _____

Alcohol or Drugs: ☐Yes ☐No ☐Unknown

Prior history of Domestic/Dating Violence ☐Yes ☑No

Defendant's statements ☐Yes ☑No If yes, ☑written ☐recorded ☐oral

First words Defendant said when you responded to scene: Nothing Happened

Victim's statements ☑Yes ☐No If yes, ☑written ☐recorded ☐oral

First words Victim said when you responded to scene: She just wanted him to move out.

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

☐Yes ☑No If yes, name: _____ phone: _____

Observations of Victim (Physical & Emotional): _____

☑Upset ☑Crying ☑Fearful ☐Hysterical ☑Afraid ☐Calm ☑Nervous

☐Complained of pain ☐Other _____

Victim contact information:

Local Address: 607 North L Stree

Lake Worth FL 33460

Phone: Home: (520) 304-8869 Work: _____ Cell: (520) 304-8869

Employer: Sales

Name of Relative: _____ Phone: _____